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ABSTRACT

An action plan is critical for speech-language pathologists to use with influential budgetary decision makers when gaining and maintaining support for delivery of services to adolescents with language disorders. Action plans describe what administrators can do to support and sustain clinicians' efforts and how clinicians can enlist this assistance. Support is needed from administrators in the areas of information dissemination, student identification, assessment, program planning, intervention, and follow up. Clinicians can enlist assistance by: writing for journals that are read by decision makers; using a consultation model where and when appropriate; participating in school activities such as the curriculum committee; and other methods. As an example of a service delivery model, this document includes the November 1989 issue of "Curriculum Report," titled "Students Who Can't Communicate: Speech-Language Services at the Secondary Level" by Nancy L. McKinley and Vicki Lord Larson. The newsletter issue explains to secondary school principals why speech-language services are critical, how students with communication disorders are identified, and how effective speech-language programs should be structured. The service delivery model is illustrated with case examples from five school districts. Seven resources are described. (JDD)

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ADOLESCENTS WITH LANGUAGE DISORDERS: AN "ACTION PLAN" FOR SERVICE DELIVERY

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INTRODUCTION

An "Action Plan" is critical for speech-language pathologists to use with influential budgetary decision makers (i.e., administrators and school board members) when gaining and maintaining support for delivery of services to adolescents with language disorders. The "Action Plan" describes what administrators can do to support and sustain clinicians' efforts and how clinicians can enlist this assistance.

SERVICE DELIVERY COMPONENTS: WHAT SUPPORT IS NEEDED FROM ADMINISTRATORS

Information Dissemination

Education of people about adolescents' communication disorders

* Becomes aware of communication disorders
* Recognizes benefits of speech-language program
* Informs school board members about services

Identification

Process of identifying adolescents with suspected communication disorders

* Realizes mass screening is neither time-efficient nor cost effective
* Backs self-referral/teacher referral
* Ensures SLP's time to explain referral process at inservices & meetings

Assessment

Documentation of communication performance and determination of extent of disorder

* Establishes time blocks for assessment by SLP
* Understands need for comprehensive assessment

Program Planning

Link between assessment and intervention that determines program structure; the administrator plays most prominent role here

* Advocates speech-langauge services as courses for credit
* Substitutes speech-language classes for required courses
* Provides facilities for group and individual sessions
* Structures team teaching opportunities
* Schedules speech-langauge services first, not last

(See inside back cover.)

Intervention

Methods of ameliorating or reducing adolescent's communication disorder

* Allows consultation time between SLP and teachers
* Encourages flexible intervention models depending on adolescent's needs
* Promotes family participation

Follow-Up

Measurement of real and perceived benefits of speech-language programs

* Monitors accountability/efficacy of services
* Consults with SLP on existing alumni questionnaires

HOW CLINICIANS CAN ENLIST ASSISTANCE

* Persuade administrators of value of S-L services
  e.g., drop out population, juvenile delinquents, marginal school performers

* Write for journals that are read by decision makers, not just by our profession
  e.g., *American School Board Journal*, *Curriculum Report* (enclosed)

* Educate about prototype service delivery model
  e.g., *Curriculum Report* (enclosed)

* Use a consultation model where and when appropriate

* Participate in various school activities/demonstrate we're an essential part of the educational system
  e.g., curriculum committee, extracurricular advising

CONCLUSIONS

Speech-language pathologists should:

1. Develop an "Action Plan" that involves key budgetary decision makers in the early phases.

2. Design "Action Plans" for neglected populations like adolescents with language disorders.

3. Implement comprehensive services delivery models similar to those described in this session.

Research / Concepts / Practice

nassp

Curriculum Report

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Students Who Can't Communicate: Speech-Language Services at the Secondary Level

Not all middle level and secondary school students communicate well. Schools must address this segment of our youth in crisis.

Somehow, educators seem to have the erroneous impression that students arrive on our schools' doorsteps knowing how to listen and speak. While that may be true for the segment of students who ultimately perform well in our school system, it is not true for the other group of students who become our borderline academic students and our school dropout statistics.

Our schools must address this segment of youth in crisis who are typically unserved or underserved in our schools — students with oral communication disorders, i.e., disabilities with speaking and listening. These disorders may range from language comprehension and/or production deficits to social communication problems, to low-level thinking skills, to hearing problems, to speech problems such as stuttering or articulation errors.

In 1978, the federal government defined five "basic skills": the traditional reading, writing, and mathematics, as well as oral communication (speaking and listening) and reasoning skills. Despite the passage of more than a decade, our American school system continues to concentrate on the first three skills and has done little to promote the other two.

This neglect of oral communication and reasoning skills persists despite a general outcry for improved thinking abilities and adequate communication skills for employment.

Why Speech-Language Services Are Critical

Studies of American adults show that 78 percent of our communication time, on the average, is spent speaking and listening, leaving approximately 22 percent of our time for reading and writing. Yet, the average curriculum for students emphasizes written communication almost to the exclusion of oral communication.

Failure to emphasize oral communication skills negatively affects the teaching of written communication skills. Students who are strong listeners and speakers tend to become strong readers and writers. Conversely, students with deficient oral communication skills are at

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risk for becoming students with written communication deficits; i.e., the population of academically marginal and learning-disabled students.

When students fail to develop adequate language comprehension or production skills through their normal experiences and through the regular curriculum, they are candidates for assistance from the school district speech-language clinicians. These professionals have long been considered essential at the elementary school level, but secondary school-level speech-language services are equally as critical for students who have deficient oral communication skills.

For students with significant oral communication deficits that persist into the adolescent years, the most effective intervention appears to be providing strong speech-language services along with the rest of the students' academic program. Many students with language disorders need continued assistance to learn the higher-level concepts and vocabulary demanded at each grade. Many language-disordered students need special services to remain in the mainstream during their elementary grades; that need does not stop upon entrance into middle level or senior high school.

Given the current concern for at-risk students, school administrators should note that strong speech-language programs, in combination with other special programs, have proven effective in reducing dropout rates. For instance, in one rural Wisconsin high school the dropout rate dropped from 45 student in one five-year period to 14 students in the next five years, following implementation of the prototype speech-language program described in this *Curriculum Report*.

Despite the passage more than a decade ago of P.L. 94-142, which mandates that free and appropriate educational services be provided through age 21, many middle level and senior high schools have no speech-language services (except perhaps on paper) or only very limited assistance for their students.

Even using the conservative statistic from the National Center for Health Statistics that 3.5 percent of school-age children are communicatively handicapped, administrators can expect that an average high school of 1,000 students would have at least 35 students with significant oral communication deficits, running the gamut of communication disorders — language deficits, hearing impairment, articulation disorders, voice problems, and stuttering. By far the largest proportion of students will be those with language disorders.

Identifying Students with Communication Disorders

Students with significant oral communication problems can be found in learning disabilities rooms, "at-risk" programs, and in classrooms for the mentally and emotionally impaired. High percentages of these students are also found in juvenile detention centers and "on the streets" as part of the dropout population.

Here are some primary questions to ask when identifying adolescents with communication disorders:

Thinking
Does the student:
- Organize and categorize information when required?
- Identify and solve problems independently?
- Find, select, and use information for assignments?
- Think about ideas and events that are not just in the here and now?

Listening
Does the student:
- Understand complex sentences and words with multiple meanings?
- Indicate understanding of main ideas and relevant details?
- Follow a sequence of directions even if asked only once?

Speaking
Does the student:
- Plan what to say, put it in a logical sequence, and produce a gramatically correct sentence most of the time?
- Give directions, make reports, tell or retell stories, and explain processes in detail, with clarity and accuracy?
- Provide relevant and complete answers to questions?

Survival language
Does the student:
- Demonstrate the language skills necessary to cope with daily living situations such as completing job applications, shopping, using the telephone, and interpreting signs and labels?

When answers to these and other inquiries cause concern that a student may have a communication disorder, a speech-language clinician should be contacted.

How To Structure Effective Speech-Language Programs

The following discussion is based on a service delivery model developed and field-tested by the authors of this *Curriculum Report* and published in 1987 as *Communication Assessment and Intervention Strategies for Adolescents*.

This discussion should provide secondary school administrators with a background for reviewing and evaluating existing speech-language services now being provided for students or guide the establishment of secondary-level services where they are not now available.

This prototype program has six major components, all of which are essential if quality service is to be provided: information dissemination, identification, assessment, program planning, intervention, and follow-up.

Each of the six components includes direct and indirect services. Direct services are activities in which professionals have actual contact time with adolescents who are or may be viable candidates for speech-language services. Indirect services are activities in

which professionals do not have actual contact time with adolescents, but assist, train, and consult with other people important to the adolescent in the educational and environmental systems.

■ **Information dissemination** refers to educating people about adolescents' communication disorders and varied characteristics. Visibility of speech-language pathology must be heightened for adolescents (direct services) as well as for persons important to the adolescent (indirect services).

Adolescents and the people around them must become aware of what constitutes the communication disorder, what the benefits of a speech-language program are, and how to engage in the referral process. One of the primary roles of an administrator under this component is to inform school board members of the necessity of providing such services in the school district.

■ **Identification** is the process of determining which adolescents have a suspected communication disorder that warrants further evaluation by a speech-language clinician. The identification component relies heavily on the information dissemination component and may involve the adolescent directly or indirectly. Adolescents can be directly involved in the identification process by self-referral to the speech-language program (more common among students who are in late adolescence) or by mass screening, i.e., administering a screening test to all adolescents or to those adolescents at high risk for communication disorders.

Mass screening is neither time-efficient nor cost-effective in public school settings. Instead, the authors recommend indirect identification, which occurs when a referral is made by a person familiar with the adolescent, such as a teacher, social worker, physician, or family member.

Administrators can ensure that the speech-language clinician has sufficient time to explain the referral process at inservice and other teachers' meetings.

■ **Assessment,** the third component in the service delivery model, is the thorough documentation of speech, language, and hearing performance. Assessment should confirm or reject initial impressions of a communication disorder observed during the identification process and determine if the disorder constitutes a handicap that warrants special services.

Assessment should also document the awareness that adolescents have about their communication disorders and their motivation to modify communication behaviors. Adolescents with documented communication disorders who acknowledge their problems and are willing to improve their communication may be better candidates for program planning than adolescents without these traits.

Administrators can provide assistance during this direct assessment process by establishing a time block each week during which speech-language clinicians can assess students. This is will guarantee that intervention services are not interrupted, will provide greater consistency, and will increase the probability of these services being successful.

The assessment process should be comprehensive, i.e., it should evaluate not only the student but also the educational and environmental systems in which the student functions.

■ **Program planning** is the connecting link between assessment and intervention and is the component in which administrators have the most prominent role to play. The best lesson plans in the world, implemented by the most competent speech-language clinician in the nation, will fail unless the speech-language program is structured appropriately.

Without strong administrative support to implement this component of the delivery model, the model may fail to provide appropriate services to secondary-level students who have speech and language disorders. Thus, this component of the model is presented in greater detail in the following paragraphs.

Numerous speech-language programs across the nation have implemented speech-language services as courses at the middle school level as courses for credit at the senior high level. Many times, speech-language courses are given for elective credit.

Elective credit for speech-language programs can create problems because the same students who are required by an IEP (Individualized Education Plan) to take speech-language class usually want to take vocationally-oriented elective courses for credit. Speech-language becomes "punitive" in that the class prevents these students from taking other courses they desire.

To better meet students' needs, a number of schools substitute speech-language class for another required course at the middle or senior high school level. For example, speech-language might become the required substitute course for ninth grade English. Does that mean the clinician teaches ninth grade English curriculum? No. Students are taught communication skills that are necessary to succeed in the English curriculum.

If the speech-language program is substituted for an eighth grade science class, the student is taught underlying cognitive and language skills necessary to succeed in subsequent courses.

How is this substitution of courses justified? By looking at past student records, a determination can be made of what required subjects are likely to be failed. This information, combined with the language and cognitive deficits documented during assessment, indicates the underlying reasons why the student is failing to comprehend the concepts and vocabulary presented in the classroom.

Substituting a course that directly addresses the student's deficiencies increases the likelihood that the student can eventually re-enter the mainstream and can remain within the school system until high school graduation.

Speech-language classes may involve the student in group or individual sessions. Many adolescents with language disorders benefit from group intervention, although there are some exceptions to this principle:

- The adolescent does not have the basic communication behaviors and therefore could not interact effectively in a group
- The adolescent's communication level is incompatible with the existing group's
- The adolescent's feelings or attitudes about participation in a group may be so fearful or negative that it may be detrimental to that individual or to the entire group.

Many adolescents with language disorders benefit most from group sessions because groups help adolescents derive emotional support from fellow members and help them realize that others may have similar communication disorders. In group sessions, conversational skills and pragmatic communication behaviors can be practiced; ideas can be exchanged and compared. Usually, groups are small (between 3 and 10 students) and group members have similar needs.

Another instructional plan is for the speech-language clinician to team with the learning disabilities teacher or an alternative curriculum teacher. For example, if the school has a modified English class for students who have below-average skills, the speech-language clinician might team-teach with this teacher and be in the classroom several days a week conducting oral communication lessons while the English teacher emphasizes complementary written communication skills on the other days.

Team-teaching is also an effective technique with more severely handicapped adolescents. For example, speech-language clinicians can coordinate social communication programs for students who are placed in classrooms for behaviorally and/or emotionally disturbed youth. They can team with teachers of mentally retarded adolescents to teach functional communication skills needed for survival at home and in the community.

Rather than using a traditional "pull-out" model in which select students with retardation or emotional disturbance go to isolated room for "therapy," a less restrictive but effective method is for the clinician to teach communication lessons to the entire classroom, then leave follow-up activities the classroom teacher.

Clearly, such integration of the speech-language clinician into the school requires understanding and support on the part of the administration. Scheduling is often a major obstacle. The speech-language program cannot be an afterthought in this regard. The most successful programs schedule the students who need speech-language and/or learning disabilities services first, not last. Administrators must guarantee access to these services.

In summary, program planning, the connecting link between assessment and intervention and the component most in need of strong assertive administrative support, should not be glossed over, because it is most essential to establishing a successful, comprehensive speech-language program.

■ **Intervention**, the fifth component in the prototype delivery model, refers to any method of ameliorating or reducing the communication disorder within the adolescent. Intervention for a given adolescent may include direct or indirect services, or a combination.

Direct services may be delivered through an itinerant program, a resource room, or a self-contained classroom. When establishing a direct intervention program for an adolescent, the speech-language clinician should consider the primary goals of intervention for adolescents:

- Acquiring functional communication for promoting academic progress
- Enhancing personal-social interactions
- Reaching vocational potential

Indirect intervention services frequently involve staff consultation. Administrators play a critical role in creating a school atmosphere in which teachers and speech-language clinicians have time and support to communicate freely.

In a consultation model, the speech-language clinician works through the teacher to reach the adolescent with the communication disorder. Consultation may enable a larger population to be served while retaining the natural environmental setting (i.e., classroom) for teaching improved communication behaviors.

Through consultation, speech-language clinicians may help teachers change their attitudes about adolescents with communication disorders and to adapt materials and methods to meet the needs of these adolescents. Although consultation is typically thought of in conjunction with teachers, the families of adolescents cannot be forgotten. Families are an important link to the generalization of newly acquired communication behaviors.

Intervention will vary in intensity and content, depending on the individual needs of the adolescent. Ongoing assessment and program planning during intervention, whether direct or indirect, is necessary to remain most responsive to the changing needs of youths with communication disorders.

■ **Follow-up** refers to activity designed to measure the real and perceived benefits of speech-language programs. If follow-up activities are used, they should occur both during and after speech-language services.

During direct follow-up, questions specifying the benefits of speech-language services should be generated. By using various types of survey methodology, i.e., interviews and questionnaires, data may be obtained about the efficacy of the services.

Indirect follow-up procedures involve obtaining information from an adult or a peer who is familiar with the adolescent to ascertain the success of the intervention. Principals can assist during this component of the delivery model by assuring that speech-language clinicians are consulted and encouraged to include additional questions on existing questionnaires sent to alumni who have received secondary-level speech-language services. These data will allow school districts to make

appropriate alterations in speech-language service delivery models at the secondary level.

Adolescents with oral communication disorders can best be served through a comprehensive service delivery model, understood and utilized by all members of the school community.

Exempli Gratia

To illustrate the prototype service delivery model just described, a geographically representative sample of speech-language clinicians who have implemented this model was asked to describe their programs. Here are their replies.

Whitehall Public School District
1817 Dewey St., Whitehall, Wisc. 54773
Contact: Delesa Boley, Speech-Language Clinician

Whitehall is a small, rural school district with an enrollment of approximately 730 students, K-12. The speech-language clinician works in three buildings and serves students ranging in age from 4 to 18 years, so services must be provided as effectively and efficiently as possible.

The caseload is 40 students, 16 of whom are at the secondary level. Many of these students are language-learning disabled students who have received continuous service from the elementary into the secondary programs, although approximately 25 percent have been identified as requiring speech-language intervention at some point in their secondary-level education.

The Whitehall Junior and Senior High School students' needs are presently being met in Instrumental Enrichment/Communications classes (IE/C), which are held one hour a day as part of the students' regular schedules. These classes are taken for credit, which removes the stigma of being considered classes for the "handicapped."

The emphasis is on critical thinking skills utilizing Feuerstein's Instrumental Enrichment program, along with units on language comprehension and production, conversational behaviors, and survival language skills. Students are involved in both the planning and evaluation of their programs. These IE/C classes are required for speech-language students but are sometimes taken as elective courses for learning disabled and regular education students.

One of the most difficult aspects of providing services to these students is scheduling. The students are grouped according to need, not necessarily by grade level. It has been very helpful for the learning disabilities specialist and the speech-language clinician to submit "ideal groups" before the master schedule is developed to avoid or minimize some of the possible scheduling conflicts. The administration has been both understanding and flexible in making this possible.

The success of the secondary-level speech-language program in Whitehall is attributable to the team-teaching approach, which contributes to the students' learning as well as to the professional growth and development of the staff. Teaming allows for closer monitoring of students, individual counseling as needs arise, and minimal duplicating of services. The expertise of two professionals can be drawn upon to meet the complex and varied needs of this adolescent population.

The success of the secondary-level speech-language program at Whitehall speaks for itself. In the past six years since its implementation, no students have dropped out of this program. Twenty-eight language-learning disabled students have graduated and 27 of these students have found employment, attended vocational school or college, or joined the military.

Perhaps most important, these students have developed strategies to deal more effectively with their disabilities and are now contributing their talents to society.

Palo Alto High School and Stanford Middle School
Special Education Department
4120 Middlefield Rd., Palo Alto, Calif. 94303
Contact: Carole Biemer, Speech-Language Clinician

Students, teachers, and parents agree that the alternative service model, a daily Language/Study Skills class, is preferable to the traditional "pull-out" service program. As one student stated, "I needed more help than twice a week for 20 minutes, and it's real bad to walk out of class and then to have to go back into class." "I'm really getting the help I need now," says another, "I like the strategies. They work and so do I."

For the past five years, students with identified language-learning disorders at the middle school and at the high school have been attending Language/Study Skills classes daily. Each class consists of 8 to 10 students and is one of the students' seven classes. Credit and grades are given. Students are in general education classes for the other six periods of the day.

The primary role of the Language/Study Skills teacher (i.e., speech-language clinician) is similar to that of a classroom educator, but the clinician also acts as a resource teacher for both the students and their general education teachers.

The goal within the Language/Study Skills classes is to teach and apply language-based academic skills with an emphasis on language-learning strategies: teaching students "how to learn." The components of the curriculum are viewed as a series of skill-building activities and are based on the belief that a sufficient level of language skills must be attained as a prerequisite for success in academic, vocational, and social contexts.

Major topics within the curriculum include academic organization, study skills, critical thinking, listening, oral language production, pragmatics, and written language.

The amount of time spent on formal lessons varies between the middle and high school. At the middle school, a greater percentage of time is usually spent on direct teaching of strategies. At the high school, the majority of time is spent on application of strategies to the regular (general education) curriculum.

A questionnaire was designed and administered to involved students, their parents, and the general education staff members to determine their preferences with regard to the traditional pull-out or the daily class model and with regard to modes of instruction: the amount of classroom time spent in learning strategies or tutorial instruction. While the students were currently involved in the daily skills classes, the majority had experience with the traditional pull-out model at some point.

Parallel forms of a questionnaire were developed to survey the three groups. The majority of respondents felt that missing one or two periods per week of a general education class would hamper students' performance in that class. Most parents and teachers thought that being pulled out of class would be embarrassing to the student. However, most students disagreed with this statement. Apparently, this type of situation is not as stigmatizing to youth as adults seem to think.

There was a varied response on the importance of one-to-one help compared to general education classroom participation. Parents and teachers considered this individualized help more beneficial than did the students. This may reflect the adolescents' preference to learning in group rather than individual settings.

On the issue of the number of days per week for direct strategies instruction vs. tutorial, the majority favored a split of two or three days for each activity. Students favored more tutorial time than did adults. This may reflect their preoccupation with simple survival in school vs. their parents' and teachers' concern with their long-term skills development. Only 8 percent of the students chose no strategies instruction whatsoever, leaving 92 percent who preferred to give one or more days a week to such instruction.

The results were overwhelmingly in favor of the daily class model, with percentages ranging from 92 to 96 among students, parents, and staff members. Not one student opted for a pull-out model. In addition, there was strong agreement among respondents about the importance of daily contact with the speech-language clinician, of receiving credit, and of the effect of the Language/Study Skills class in improving student performance and participation in general education classrooms.

Pinellas County School District
Department of Exceptional Student Education
1895 Gulf to Bay Blvd., Clearwater, Fla. 34625
Contact: Marilyn L. Sharbaugh, Supervisor, or Debbie Jacobson, Speech-Language Clinician

In August 1985, Pinellas County Schools' Department of Exceptional Student Education decided to implement full-time speech-language services in the middle schools (Grades 6-8). Two years before, full-time speech-language services had been implemented in the high schools.

Before 1985, Pinellas County School District had been serving the severely speech-language impaired through a self-contained language classroom in the elementary school program. Full-time service had been given to a "select few" of these students who needed a more modified resource program at the middle school. All other middle school students were served twice a week with a pull-out model. An examination of the previously implemented high school model revealed these factors:

1. Students with language disorders were assigned to a speech-language class one period per day.
2. They received 1/2 of an elective credit at the end of each semester or 1 elective credit for each school year (2 semesters).
3. A curriculum guide that provided sequence and content for this program was developed and used.

To plan for the middle school program, the following steps were taken:

1. Speech-language clinicians were trained by an outside consultant in using resources such as McKinley and Schwartz's *Daily Communication: Strategies for the Language Disordered Adolescent.*
2. With the publisher's permission, the teaching strategies in *Daily Communication* were reorganized to meet the intended outcomes and student performance standards designed by the state of Florida.
3. A curriculum writing team of middle school speech-language clinicians was selected to write a curriculum guide, incorporating the *Daily Communication* strategies and the Pinellas County Middle School reading/language arts curriculum strategies.
4. Permission was granted to give one of two language arts credits to all sixth and seventh grade students enrolled in the program and an elective credit to all eighth grade students enrolled in the program.
5. One full-time speech-language clinician was employed for each middle school in Pinellas County.
6. Inservice was provided for colleagues to educate them in the use of the curriculum guide.

Failure to emphasize oral communication skills negatively affects the teaching of written communication skills.

In implementing the Pinellas County Middle School speech-language curriculum, clinicians taught the students a wide variety of daily-living communication skills. Lessons emphasize conversational skills, telephoning, problem solving, listening strategies, nonverbal communication, and study skills.

Students' successes in the speech-language program include but are not limited to:

- Self-confidence begins to increase, which in turn builds self-esteem and self-worth.
- Acquired language skills are bridged to other academic areas, thus boosting grades and motivation to learn.
- The speech-language clinician becomes a consultant to many teachers, thus improving their language of instruction.

Anne Arundel County Public Schools
2644 Riva Road, Annapolis, Md. 21401
Contact: Sara Ostrom, Coordinator, Speech-Language, Hearing and Vision

Special education teachers, speech-language clinicians, and guidance counselors in this school district have coordinated their efforts to address social communication needs in targeted special education students. This voluntary interdisciplinary effort, which began in 2 or 3 schools, has spread to 15 of the 17 middle/junior high schools in this county.

With the recent expansion of professional information, research, program models, and strategies, staff members have escalated their efforts to address social communication needs. This interest has resulted in multidisciplinary teams working together to write a bank of objectives with activities and lesson plans entitled *Developing Discussion and Conversation Skills for the Classroom*. The dissemination of this document and additional staff inservice training have served as springboards for the innovative instructional techniques used in each school.

Currently, the school system is conducting an evaluation to determine the effects of this type of instruction on special education students. Results should be available during the 1989-90 school year.

Thompson School District R2-J Model
535 N. Douglas Ave., Loveland, Colo. 80537
Contact: Barb Blomberg, Speech-Language Clinician

During the 1983-84 school year, a project in language for secondary students was conducted in the Thompson School District supported by a Title VI-B grant from the Colorado Education Department. The grant was funded for one year. The purposes of the grant and the secondary-level language project were:

1. To identify students in the seven secondary-level schools who had speech and language problems, with emphasis on language problems.
2. To diagnose and evaluate the speech and language problems of students identified through the screening procedures.
3. To plan and implement a program of intervention for students with speech and language handicaps.
4. To develop a plan to evaluate the project's outcomes.

The project was started in late August 1983 and completed in July 1984. There were four major phases in the project:

- Identification and Screening
- Language Evaluation and Diagnosis
- Program Planning and Implementation
- Project Evaluation

During phase one, 1,065 students in the district were screened for language problems. This included all seventh graders, all remedial English classes, all resource classes, and all referrals not in the groups already mentioned. Phase one was completed in approximately two months with the help of speech-language pathology students from Colorado State University. The screening time required for each adolescent was approximately 10 minutes.

The next phase was to conduct a language evaluation and diagnosis of 75 students identified through screening. The language evaluations were conducted during a six-month period, as the time required for each evaluation was 90 to 120 minutes per student plus time for scoring the tests. This phase was accomplished by an assistant to the project. Phase two resulted in approximately 35 students being recommended for language intervention in the new Language Expansion Class in the fall of 1984.

Phase three involved program planning, intervention, and implementation. At this juncture, two currently employed district speech-language clinicians were selected to plan and implement the program. These two staff members were employed for five extra working days in the summer of 1984 to develop the curriculum in detail. The expanded service to secondary-level students was achieved by redistributing caseloads in speech-language and by reassigning schools to staff members.

The curriculum includes the following areas and was developed from information presented in McKinley and Larson's book, *Adolescents' Communication: Development and Disorders:*

- Language Comprehension and Listening Skills
- Cognitive Skills
- Language Production and Conversational Skills
- Survival Language Skills

The units were planned to be taught in quarters rather than all areas taught at all times; however, overlap of all areas was inherent. Individualized Educational Plans (IEPs) were written for the students enrolled and lesson plans were developed for the units. The curriculum objective was to expand and improve language in the areas listed above. The intent of the curriculum was not to be "tutorial" to other subjects in which students were enrolled, nor was it intended to improve a specific skill such as writing.

The language instruction was provided in a regularly scheduled class titled Language Expansion. The class was scheduled in the four junior high schools for seventh, eighth, and ninth graders who were diagnosed as language disordered/delayed. The class met daily; grades were assigned according to grading standards established for this class and included academic grading practices.

Phase four involved project evaluation. An analysis of the statistical data from the test scores indicated that the battery used for determining whether students needed service in language had been in agreement with the recommendations of the professional staff. Post-testing was conducted in the spring of 1985, following a year of language intervention, and general results indicated measurable growth. This program has continued to be successful in subsequent years.

Summary

Failure in school frequently stems from students' failure to understand what is being said to them. As they struggle to communicate orally, they encounter problems not only academically, but also personally and vocationally.

Speech-language clinicians are educated to serve these students, but they need strong administrative support at the secondary level if adequate time and personnel are to be assigned. Too often, clinicians have inadequate time at the secondary level, yet addressing adolescents' communication needs is critical if educators ever hope to reduce the number of dropouts, juvenile delinquents, and marginal school performers.

Resources

Adolescent Language Disorders: A Video Inservice Program for Educators (Vicki A. Reed and Marcia C. Miles, 1989; Thinking Publications, 1731 Westgate Rd., P.O. Box 163, Eau Claire, Wisc. 54702; (715) 832-2488). Eight videotape modules and accompanying participants' guides are designed to instruct secondary-level educators about oral language disorders — what they are and what can be done about them.

America's Shame, America's Hope: Twelve Million Youth At Risk (1988; MDC, Inc., 1717 Legion Rd., P.O. Box 2226, Chapel Hill, N.C. 27514; (919) 968-4531). This report provides critical background information on at-risk youth, some of whom have oral communication disorders. Specific recommendations for state and federal governments are listed, and a detailed program development plan is proposed.

Communication Assessment and Intervention Strategies for Adolescents (Vicki Lord Larson and Nancy L. McKinley, 1987; Thinking Publications, 1731 Westgate Rd., P.O. Box 163, Eau Claire, Wisc. 54712; (715) 832-2488). The prototype service delivery model summarized earlier in this report is explained in detail in this text. Written for speech-language clinicians, the book contains many pages of reproducible forms that assist in the implementation of the model.

Communication Workshop (Shelly Zakin, 1986; Linguisystems, 3100 4th Ave., P.O. Box 747, East Moline, Ill. 61244; (309) 762-5112). This comprehensive curriculum is designed to improve the social language and interaction skills of language and learning-disabled adolescents. Role-playing activities engage adolescents in practicing vital social language skills for giving messages, convincing others, interviewing, compromising, and many other areas.

Conversations: Language Intervention for Adolescents (Barbara Hoskins, 1987; DLM Teaching Resources, One DLM Park, P.O. Box 4000, Allen, Tex. 75002; (214) 727-3346). With this resource, youths develop language skills through a logical, natural method — conversational interaction with one another. Language is taught as it is actually used for social interaction. This resource is structured, yet extremely flexible to accommodate individual needs.

Daily Communication: Strategies for the Language Disordered Adolescent (Nancy L. McKinley and Linda Schwartz, 1984; Thinking Publications, 1731 Westgate Rd., P.O. Box 163, Eau Claire, Wisc. 54712; (715) 832-2488). This comprehensive sourcebook of activities provides dozens of ideas for teaching listening, conversational skills, nonverbal communication, question-asking behavior, survival language, and study skills. Counseling and motivation of adolescents are also addressed.

Instrumental Enrichment Program (Reuven Feuerstein, 1980; Curriculum Development Associates, 1211 Connecticut Ave., N.W., Suite 414, Washington, D.C. 20036; (202) 293-1760). Higher-level thinking skills are taught through mediated learning experiences. Cognitive functions necessary for improved school functioning are emphasized. This program is an essential ingredient in serving at-risk youth in a growing number of school districts.

Kudos

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